"How to Pull DD 2570 Data and Combine for Accuracy and What it Means"

Dates and Times:
18 Dec 2012 0800-0900 EDT
20 Dec 2012 1400-1500 EDT

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- Responsibilities
- Sequence of events
- Where to get the data
- UBO Metrics Report (MR) Web site
- How to complete a report
- Common mistakes
- Why we collect TPCP Metrics data
- Metrics reporting tools
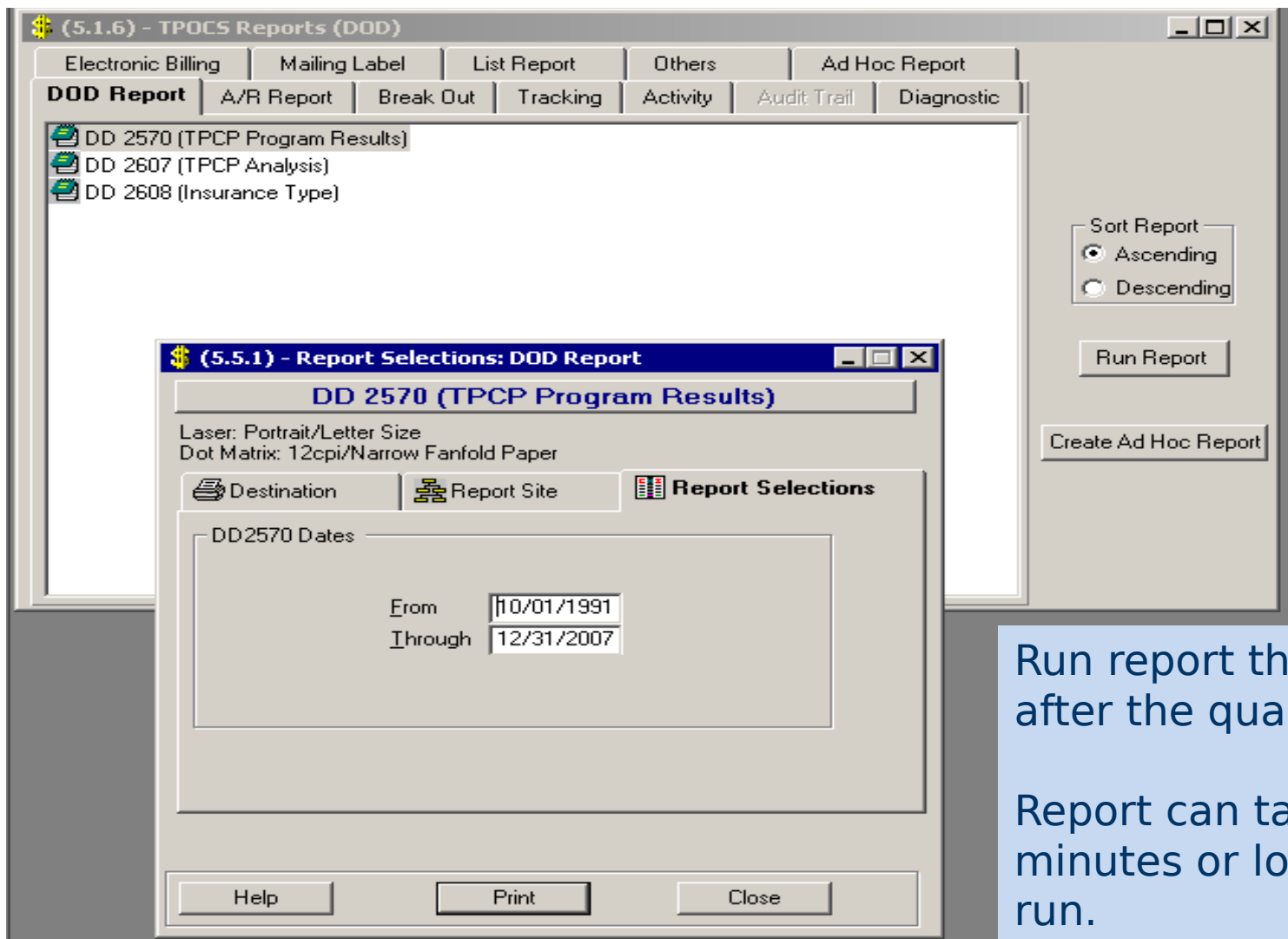- DD 2570 resources
- Questions

- MTF UBO staff are responsible for collecting and reporting TPCP metrics data quarterly
- Each MTF must have a primary responsible staff person and at least one alternate
- Contact your Service Representative for Metrics Report access
  - Required information:
    - Full name of individual requesting access
    - Commercial telephone number
    - Valid ".mil" e-mail address
    - Duty title
    - Facility
    - DMIS ID

- **MTF-level Users**
  - Data entry
  - Data edit
  - Data review and analysis
- **Regional Users**
  - Data validation and correction
  - Data review and analysis
- **Service UBO Managers**
  - Service validation
  - Data review and analysis

1. MTF users run reports on the first working day after the end of each quarter
2. DD2570 data from TPOCS and CHCS is entered into the UBO Metrics Report Web site
3. The Web site checks data and generates error messages requiring correction
4. Regional and Service Managers review and validate MTF data
5. The validated reports are locked until the final collections report is approved by the HA/TMA Program Office. Once approved, the reports are available in read-only format

- Outpatient Data
  - TPOCS DD Form 2570 (TPCP Program Results)
    - Service TPOCS Representative must grant TPOCS access before data collection can begin
      - A digitally signed e-mail with computer IP address is required to request access
  - TPOCS menu path
    - Select Reports Tab
    - DoD Reports
    - DD Form 2570 (TPCP Program Results)
    - Select the appropriate year and quarter for the data you are requesting
    - Print Report

Run report the first day after the quarter ends.

Report can take 30 minutes or longer to run.

- Inpatient data
  - CHCS DD Form 2570 (TPCP Program Results)
  - MSA menu path
    - IFM
    - QRP
    - PRR
    - Select current quarter

- Non-Active Duty (NAD) visits
  - Use Workload Assignment Module (WAM) in CHCS to obtain number of NAD outpatient appointments per month
    - WAM menu path
      - Select 2 – Division
      - Select 1 – SAS #
      - Enter the month
      - Look for outpatient visit data by MEPRS code
  - MEPRS Manager runs this report monthly

- Non-Active Duty (NAD) visits
  - M2 menu path
    - Choose DMIS ID
    - Identify Fiscal Year and Fiscal Month
    - Select Beneficiary Category not equal to "4" (AD)
    - Set Compliance Status to "R"
    - Select clinic by 3- or 4-digit MEPRS code
    - Exclude TCONS (Appointment Status Code=7)
    - Select Encounters
    - Run the Report
  - Number of NAD visits displayed is cumulative throughout the FY(1st Qtr + 2nd Qtr, etc.)

UBO Metrics Report Web site: www.ubometrics.org

NOTICE: This is a private Web site. All access is subject to auditing. Anyone accessing this site consents to such auditing. Access and use require authorization and are limited to purposes of the organization's business. Unauthorized access or attempts to use, alter, destroy, or damage data, programs, or equipment may violate applicable law and could result in criminal prosecution, civil liability, or both.

- Initiating A New DD 2570 Report
    - Log into the UBO Metrics Report Web site
    - Select "Add Report" tab at top of page
    - Go to facility block and select your facility
    - Choose Inpatient or Outpatient report
    - Select Fiscal Year
    - Select Quarter reporting
    - Click the "Add" button
- Each section of the DD 2570 TPOCS or CHCS report correlates with a UBO metrics data requirement field

(Note If you have followed steps appropriately your screen should look like the next slide)

Summary

Field Description	CFY	PY 1	PY 2
Cumulative Non-Active Duty Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0
Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments and Refunds	$0.00	$0.00	$0.00
Amount Collected in PY2			$0.00
Amount Collected in PY1		$0.00	$0.00
Amount Collected Current FY	$0.00	$0.00	$0.00
Amount Remaining Uncollected	$0.00	$0.00	$0.00

Create

Enter only numeric data in the fields

Outpatient

All Reporting sites must be Calculated

For Official Use Only

Third Party Collection Program
Report on Program Results (DD FORM 2570)

Segment Reported:
OUTPATIENT

Quarter Beginning: 10/01/1991
Quarter Ending: 03/31/2011

Reporting E / ELE
MTF: ALL SITES

Part I

Description	Fiscal Year	Reporting Period Previous Year 1	Previous Year 2	Previous Year 3
NO. OF CLAIMS	3021	13727	12633	13247
NO. OF COLLECTIONS	865	6668	6563	6886
TOTAL $ AMOUNT BILLED/CHARGED	$372,668.53	$1,775,849.04	$2,194,117.25	$1,934,510.58
ADJUSTMENTS AND REFUNDS	$104,999.52	$808,670.09	$1,353,166.02	$1,194,861.46
AMOUNT COLLECTED PY 3	$0.00	$0.00	$0.00	$468,865.63
AMOUNT COLLECTED PY 2	$0.00	$0.00	$429,784.81	$196,504.20
AMOUNT COLLECTED PY 1	$0.00	$549,139.94	$301,830.16	$24,005.38
AMOUNT COLLECTED CURRENT FY	$94,856.37	$115,041.95	$21,298.44	$748.69
AMOUNT REMAINING UNCOLLECTED	$172,812.64	$302,997.06	$88,037.82	$49,525.22

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Inpatient

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              THIRD PARTY COLLECTION PROGRAM - REPORT ON PROGRAM RESULTS
REPORT CONTROL SYMBOL: DD-HA(Q) 1854               Date/Time 07 Jan 2011@1159

1. QUARTER ENDING: Sep 2010
2. REPORTING MEDICAL TREATMENT FACILITY (MTF):
3. DEFENSE MEDICAL INFORMATION SYSTEM (DMIS) ID

                                  PART I
-------------------------------------------------------------------------------
4. REPORTING PERIOD

   (1)             (2)            (3)         (4)           (5)          (6)
FISCAL YR   NO. OF NON-ACTIVE                          NO. OF CLAIMS   TOTAL $
            DUTY INPATIENT        NO. OF      NO. OF    DIVIDED BY    AMOUNT BILLED/
            DISP/VISITS           CLAIMS   COLLECTIONS  DISP/VISITS    CHARGES
                                                           (%)

CURRENT FY: 2010
                11805              533         328        4.52 %      11103262.33


PY-1: 2009
                12418              545         431        4.39 %      10188361.78

PY-2: 2008
                12603              531         381        4.21 %      11552318.90


-------------------------------------------------------------------------------

                   (7)            (8)         (9)          (10)          (11)
               $ ADJUSTMENTS   $ AMOUNT    $ AMOUNT     $ AMOUNT      $ AMOUNT
               AND REFUNDS     COLLECTED   COLLECTED    COLLECTED     REMAINING
                               PY-2        PY-1         CURRENT FY    UNCOLLECTED
                                                                      (6)-(7+8+9+10)
CURRENT FY: 2010
               3911464.92      NO ENTRY    NO ENTRY     4479308.88    2712488.53


PY-1: 2009
               2696350.12      NO ENTRY    3410135.95   3803298.32     278577.39

PY-2: 2008
               5734495.68     2938941.90   1011645.29   1294184.46     573051.57
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Open Claims

Code	Field Description	CFY	PY 1	PY 2
1	Open Claims	$0.00	$0.00	$0.00
2	Transferred to External Agent	$0.00	$0.00	$0.00
3	MTF Not a Participating Hospital	$0.00	$0.00	$0.00
4	Plan Excludes Military Hospitals or Beneficiaries	$0.00	$0.00	$0.00
5	Patient Had No Obligation to Pay	$0.00	$0.00	$0.00
6	Insurer Paid Patient Directly	$0.00	$0.00	$0.00
7	Other ( )	$0.00	$0.00	$0.00

Create

- Part II of the report shows the total open claims less transfers
- Notice only U02 shows dollar amounts; U03, U05, U07 seldom used
- Claims in "U" status are not considered open Accounts Receivable
- The total of all open claims in Part II of the report should

Part II

Reason Codes	Distribution of Remaining Uncollected Amounts	Uncollected Amounts Subdivided by Fiscal Year (FY)			
		Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
U01	OPEN CLAIMS	$172,812.64	$302,329.62	$84,026.96	$7,472.91
U02	TRANSFERRED TO EXTERNAL AGENT	$0.00	$667.44	$4,010.86	$42,052.31
U03	MTF NOT A PARTICIPATING HOSPITAL	$0.00	$0.00	$0.00	$0.00
U05	PATIENT HAD NO OBLIGATION TO PAY	$0.00	$0.00	$0.00	$0.00
U07	OTHER	$0.00	$0.00	$0.00	$0.00
	Total of All Open Claims:	$172,812.64	$302,997.06	$88,037.82	$49,525.22

Closed Claims

Code	Field Description	CFY	PY 1	PY 2
8	Amount of Coverage	$0.00	$0.00	$0.00
9	Patient Not Covered, Care Provided Not Covered, or Policy Expired	$0.00	$0.00	$0.00
10	TRICARE and/or Income Supplemental Plans	$0.00	$0.00	$0.00
11	Medicare Supplemental Plans	$0.00	$0.00	$0.00
12	HMO/PPO	$0.00	$0.00	$0.00
13	MTF Did Not Comply with Utilization Review Procedures	$0.00	$0.00	$0.00
14	Refunds	$0.00	$0.00	$0.00
15	Patient Copays and Deductibles	$0.00	$0.00	$0.00
16	Other ( )	$0.00	$0.00	$0.00
17	Other ( )	$0.00	$0.00	$0.00

Create

Delete

Click on the **Submit** button to complete the submission process. ->
OR
<- Click on the **Delete** button to completely remove all entered data for this period.

Submit

- Below are the codes used for write-offs
- Codes 16-22 can be defined by the MTF
- The total of all closed claims in this section of the report should equal the adjustments and refunds in Part I

Reason Codes	Distribution of Closed Claims	Closed Claim Amounts Subdivided by Fiscal Year (FY)			
		Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
08	AMOUNT OF COVERAGE	$50,654.23	$390,375.22	$850,244.33	$690,936.48
09	PATIENT NOT COVERED	$7,488.81	$90,940.01	$107,249.99	$218,580.13
10	CHAMPUS AND/OR INCOME SUPPLEMENTAL PLA	$0.00	$289.80	$6,598.35	$8,417.78
11	MEDICARE SUPPLEMENT PLANS	$764.80	$7,616.11	$16,341.68	$13,208.14
12	HEALTH MAINTENANCE ORGANIZATION	$0.00	$0.00	$0.00	$1,276.04
13	MTF DID NOT COMPLY WITH UTILIZATION RE	$187.60	$143.67	$46.20	$176.63
15	PATIENTS COPAYS AND DEDUCTIBLES	$45,835.98	$312,137.67	$334,073.91	$231,878.45
16	OTHER	$0.00	$0.00	$0.00	$0.00
17	OTHER	$22.70	$1,022.50	$6,259.67	$28,562.67
18	OTHER	$0.00	$33.40	$47.70	$0.00
19	OTHER	$45.40	$119.00	$1,406.20	$1,705.50
21	OTHER	$0.00	$5,992.71	$30,897.99	$0.00
22	OTHER	$0.00	$0.00	$0.00	$119.64
	Total of All Closed Claims:	$104,999.52	$808,670.09	$1,353,166.02	$1,194,861.46

- Running the TPOCS report too soon or too late
- Leaving NAD blocks blank
- Number of NAD visits reported for a single quarter and not cumulative for the entire fiscal year
- Open claims and closed claims do not equate to the correct amount
- Data entered in the incorrect format
- Transposition errors

he system only catches some of these mistake

- TPCP Collection Performance
  - ALL TPCP collections come to your facility
  - These become "reimbursements" that are turned into direct authority (money to spend)
  - Annual budgets include reimbursements
- Your medical group purchases more patient access, treatment, and wellness with every dollar the TPCP collects

- The UBO Metrics Report Web site may be used to
  - Validate/View Current reports
    - Allows MTF users to view reports prior to roll-up
    - Allows Regional and Service Managers to validate reports
- View Rolled-Up/Locked reports
  - Allows users to view rolled up/locked reports
- Change Password
- Help Desk
  - Users can contact the UBO Help Desk directly for assistance completing reports

- UBO Metrics Report Web Site Access
- TPOCS Access
- CHCS MSA or WAM Access
  - Service Representative
- Additional Support
  - ubo.helpdesk@altarum.org

- Questions?

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